## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 10 | 816, 790

CLAIMS AS FILED - PART (Column 1)						nn 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			7.7		CONTRACT	101 27	ſ	RATE	FEE	֝֟֞֞֞֞֞֞֞֞֞֞֞֜֞֞֜֞֟֜֜֟֟ ֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			77 minus 20=		. 77			X\$ 9=		OR	X\$18=	
			/ / Minus 202		. ,				513			
INDEPENDENT CLAIMS  MULTIPLE DEPENDENT CLAIM PR			10		L_/			X43=	301	OR	X86=	
MU	LIPLE DEPEN	DENT CLAIM F					+145=	•	OR	+290≐		
* If the difference in column 1 is less than zero, ente					"0" in c	olumn 2	•	TOTAL	1199	OR	TOTAL	
8 12.05 (Column 1) (Column 1)						(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH , NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 62	Minus	**	77	=		X\$ 9=		OR	X\$18=	
	Independent	· 10	Minus	***	10	<u> </u>		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=	
•								TOTAL ADDIT, FEE	-	OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PRÉVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		= .	] [	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	]	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				T CLAIM		ا ل	+145=		OR	+290=	
								TOTAL		OR	TOTAL	
ADDIT. FEE L												
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	•	HIGI NUA PREVI	MN 2) HEST ABER OUSLY FOR	PRESENT EXTRA	<u>ו</u>	RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE
	Total	•	Minus	** .		= .	╽	X\$ 9=		OR	X\$18=	
	Independent	٠	Minus	***		=	4	X43=		OR	X86=	
<b>_</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									<del></del> -	OR	TOTAL	
of the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE												<del></del>
	The Highest Nur	mber Previously Pa	id For" (Total o	r Indepen	dent) is th	e nignest numt	per 10	nia ai ma ab	Propriese OC	m u1 U	Prefit	